

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

IAD005136023



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1997 Hazardous Waste Report

BTR SEALING SYSTEM IOWA  
HOUSHANG GOLAFSHAR  
3200 MAIN ST  
KEOKUK, IA 526328230

**FORM  
IC**

**IDENTIFICATION AND  
CERTIFICATION**

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

<b>Sec. I</b>	Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.		
A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County Same as label <input checked="" type="checkbox"/> or →	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1995? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> or →	H. Zip Code Same as label <input checked="" type="checkbox"/> or →

REC'D IRSP. BR.

FEB 18 1998

<b>Sec. II</b>	Mailing address of site. Instructions page 7.		
A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (CONTINUE TO BOX B)			
B. Number and street name of mailing address			
C. City, town, village		D. State	E. Zip Code

<b>Sec. III</b>	Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.		
A. Last Name	First name	M.I.	B. Title
Golafshar	Houshang		Facilities Engineer
C. Telephone Number			
3 1 9 5 2 4 - 4 5 6 0			
Extension 3 5 5			

<b>Sec. IV</b>	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.		
A. Last Name	First name	M.I.	B. Title
Golafshar	Houshang		Facilities Engineer
C. Signature			D. Date of signature
Houshang Golafshar			02 15 98
			Month Day Year

RCRIS data entered  
by \_\_\_\_\_  
on \_\_\_\_\_



R00083557

RCRA Records Center

Over →

EPA ID NO. LAID 005 136 023

<b>Sec. V</b> Generator status. Instructions begin on page 8.	
<b>A. 1997 RCRA generator status</b> (CHECK ONE BOX BELOW) <input checked="" type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SQG <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non-generator (CONTINUE TO BOX B)	<b>B. Reason for not generating</b> (CHECK ALL THAT APPLY) <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS BOX BELOW)

<b>Sec. VI</b> On-site waste management status. Instructions page 10.	
<b>A. Storage subject to RCRA permitting requirements</b> <div style="text-align: center;">1</div>	<b>B. Treatment, disposal, or recycling subject to RCRA permitting requirements</b> <div style="text-align: center;">1</div>

Comments:



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1997 Hazardous Waste Report

FORM  
GM

WASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) IGNITABLE SPENT WASHING SOLVENT USED TO CLEAN PARTS REPAIRED. PRIMARILY PETROLEUM NAPHTHA MIXTURE.				
	B. EPA hazardous waste code (page 12) D1018 N A N A		C. State hazardous waste code (page 13) N A N A		
D. SIC code (page 13) 31069		E. Origin code (page 13) System Type M N A	F. Source code (page 14) A N A	G. Point of measurement (p. 14) 1	H. Form code (page 14) B 2 1 1 1
I. RCRA-radioactive mixed (page 14) 2					
Sec. II	A. Quantity generated in 1997 (page 15) 880		B. UOM (page 15) 5 Density 79 <input type="checkbox"/> 1 lbs/gal <input checked="" type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
	ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) M Quantity treated, disposed, or recycled on site in 1997 (page 16) .		ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) M Quantity treated, disposed, or recycled on site in 1997 (page 16) .		
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
	Site 1	B. EPA ID No. of facility waste was shipped to (page 17) I A D 0 9 8 0 2 7 5 9 2	C. System type shipped to (p. 17) M 1 4 1	D. Off-site availability code (page 17) .	E. Total quantity shipped in 1997 (page 17) 880
	Site 2	B. EPA ID No. of facility waste was shipped to (page 17) N A	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) .	E. Total quantity shipped in 1997 (page 17) .
	Site 3	B. EPA ID No. of facility waste was shipped to (page 17) N A	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) .	E. Total quantity shipped in 1997 (page 17) .
Comments:					

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WASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b>					
A. Waste description (page 12) IGNITABLE SOLVENT USED TO CLEAN MIXING AND SPRAYING EQUIPMENT OF SILICONE COATING USED TO COAT WEATHER STRIPPING, PRIMARILY SPENT TOULENE AND SILICONE COATING.					
B. EPA hazardous waste code (page 12) F001 D001 NA NA NA			C. State hazardous waste code (page 13) 001011215 NA		
D. SIC code (page 13) 3069	E. Origin code (page 13) System Type M NA	F. Source code (page 14) A09	G. Point of measurement (p. 14) 1	H. Form code (page 14) B203	I. RCRA-radioactive mixed (page 14) 2
<b>Sec. II</b>					
A. Quantity generated in 1997 (page 15) 385.0		B. UOM (page 15) 5 Density 86 <input type="checkbox"/> 1 lbs/gal <input checked="" type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
<b>ON-SITE PROCESS SYSTEM 1</b>			<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site process system type (page 16) M		Quantity treated, disposed, or recycled on site in 1997 (page 16)		On-site process system type (page 16) M	
<b>Sec. III</b>					
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)					
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) ARD 981057870	C. System type shipped to (p. 17) M141	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 385.0	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) NA	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17)	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) NA	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17)	
Comments:					



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FORM  
OIOFF-SITE  
IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter I A D 0 5 1 1 0 1 6 1 0 1 4 1 0 1 8	B. Name of off-site installation or transporter SAFETY KLEEN CORPORATION	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		
		D. Address of off-site installation Street 3035 WEST 73RD STREET City DAVENPORT State I A Zip 5 2 8 0 6 -	

Site 2	A. EPA ID No. of off-site installation or transporter M O D 0 9 1 5 0 3 8 9 9 8	B. Name of off-site installation or transporter TRI-STATE MOTOR TRANSIT CO.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		
		D. Address of off-site installation Street PO BOX 113 City JOPLIN State M O Zip 6 4 8 0 4 -	

Site 3	A. EPA ID No. of off-site installation or transporter A R D 9 8 1 0 5 7 8 7 0	B. Name of off-site installation or transporter RINECO	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		
		D. Address of off-site installation Street 1007 VULCAN ROAD HASKELL City BENTON State A R Zip 7 2 0 1 5 -	

Site 4	A. EPA ID No. of off-site installation or transporter I A D 9 8 0 6 1 3 9 1 3	B. Name of off-site installation or transporter SAFETY KLEEN CORP.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		
		D. Address of off-site installation Street 633 EAST 138TH STREET City DALTON State I L Zip 6 0 4 1 9 -	

Site 5	A. EPA ID No. of off-site installation or transporter I A D 0 9 8 0 2 7 5 9 2	B. Name of off-site installation or transporter SAFETY KLEEN CORP.	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		
		D. Address of off-site installation Street 3035 WEST 73RD STREET City DAVENPORT State I A Zip 5 2 8 0 6 -	

Comments:

## RCRA HANDLER INFORMATION REPORT

December 22, 1997

The information summarized below has been entered into EPA's RCRA Computer Data Base for the INSTALLATION LOCATION AND EPA RCRA Identification Number listed. If any of this information is inaccurate, you may notify us of the change(s) by writing to us, telephoning us, or by completing a Notification of Regulated Waste Activity Form (EPA Form 8700-12), a copy of which is attached, or simply marking any changes on this report and sending it to EPA at:

EPA REGION 7 - ARTD/IRSP  
726 MINNESOTA AVENUE  
KANSAS CITY, KANSAS 66101

Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call our Iowa RCRA Hazardous Waste Inquiry Helpline number (913) 551-7861, and leave a message. Someone will get back to you as soon as possible.

EPA RCRA ID Number: IAD005136023

Name of Company/Installation: BTR SEALING SYSTEM IOWA  
Location of Installation: 3200 MAIN ST  
City/State/Zip: KEOKUK, IA 526328230  
County: LEE

Mailing Address: PO BOX 2230  
City/State/Zip: KEOKUK, IA 526328230

Installation Contact: HOUSHANG GOLAFSHAR  
Job Title: FACILITY ENGR  
Phone Number: (319) 524-4560  
Contact's Address: 3200 MAIN ST  
City/State/Zip: KEOKUK, IA 526328230

Current Owner of Installation: SCHLEGEL CORP  
Owner's Address: 1555 JEFFERSON RD, PO BOX 23197  
City/State/Zip: ROCHESTER, NY 146923197  
Phone Number: (716) 427-7200

Land Type: Private  
Owner Type: Private

TYPE(S) OF REGULATED ACTIVITY: LARGE QUANTITY GENERATOR

Hazardous Wastes Handled: D001, D035, F003, F005

E 03/10/94 1\* N 11/18/96 1

RCRIS data entered  
by RCRA Nowell  
on 3/4/98

Houshang Golafshar  
SIGNATURE

FACILITY ENGR  
NAME & OFFICIAL TITLE

2/15/98  
DATE SIGNED

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it is determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification Form and on any attachments or submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.